

1.) CORPORATION NAME:

**NEW RIVER COMMUNITY COLLEGE EDUCATIONAL
FOUNDATION, INC.**

DUE DATE: **7/31/2011**

SCC ID NO: **02078160**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
DR JACK M LEWIS
PO BOX 1127
5251 COLLEGE DR**

DUBLIN, VA 24084-1127

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PULASKI COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1127

CITY/ST/ZIP: DUBLIN, VA 24084-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DR JACK M LEWIS
TITLE: SECRETARY
ADDRESS: 4492 PRESTON FORREST DRIVE
CITY/ST/ZIP/CO: BLACKSBURG, VA 24060-

☒ OFFICER

☒ DIRECTOR

NAME: DR EDWIN L BARNES
TITLE: DIRECTOR
ADDRESS: 6784 KELSEY COURT
CITY/ST/ZIP/CO: GIBSONVILLE, NC 27249-

☐ OFFICER

☒ DIRECTOR

NAME: ANNE T. WHEELER
TITLE: PRESIDENT
ADDRESS: 508 MCGUIRE LANE
CITY/ST/ZIP/CO: PEARISBURG,, VA 24134-

☒ OFFICER

☒ DIRECTOR

NAME: ANGELA E. COVEY
TITLE: Executive Dir.
ADDRESS: 2696 DRAPER RIDGE ROAD
CITY/ST/ZIP/CO: DRAPER, VA 24324-

☒ OFFICER

☒ DIRECTOR

NAME: ROBERT L. BLAKE
TITLE: DIRECTOR
ADDRESS: P. O. BOX 310
CITY/ST/ZIP/CO: RADFORD, VA 24143-

☐ OFFICER

☒ DIRECTOR

NAME:	ANN H. CARTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 HIGHVIEW STREET		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073-		
NAME:	THE HONORABLE J. ROBERT DOBYNS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3804 BRANDON AVE., S. W.		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018-		
NAME:	H. RANDALL EDWARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5813 RIDINGS MANOR PLACE		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20120-		
NAME:	CARL L. EPLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1603 CEDAR RIDGE DRIVE		
CITY/ST/ZIP/CO:	RADFORD, VA 24141-		
NAME:	FLORINE R. GRAHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	304 FAIRWAY DRIVE		
CITY/ST/ZIP/CO:	RADFORD, VA 24141-		
NAME:	GARY C. HANCOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11 EIGHTH STREET, N. W.		
CITY/ST/ZIP/CO:	PULASKI, VA 24301-		
NAME:	NANCI M. HARDWICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SCHULTZ-CREEHAN HOLDINGS		
CITY/ST/ZIP/CO:	2200 KRAFT DR., SUITE 1475 BLACKSBURG, VA 24060-		
NAME:	ROBERT J. INGRAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 878		
CITY/ST/ZIP/CO:	PULASKI, VA 24301-		
NAME:	GORDON C. KING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	152 FRONTIER WAY		
CITY/ST/ZIP/CO:	FINCASTLE, VA 24090-		
NAME:	LARRY J. LINKOUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2190 MERRIMAC ROAD		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILLIE L. MILLS DIRECTOR 908 ELLIOTT DRIVE, N. E. BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HIAWATHA NICELY DIRECTOR P. O. BOX 1972 DUBLIN, VA 24084-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE C. PUGH DIRECTOR 5974 ALUM RIDGE RD. N. W. FLOYD, VA 24091-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. GREGORY ROOKER VICE CHAIRMAN P. O. BOX RADFORD, VA 24143-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES O. WARREN DIRECTOR 904 VISTA TERRACE BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL B. WATSON DIRECTOR CONTROL AUTOMATION TECH. CORP. P. O. BOX 6598 WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ ANGELA E. COVEY</u>		<u>ANGELA E. COVEY, Executive Dir.</u>	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			